

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/202336
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		13				
5		31				
6		16				
7		④1				
8		10				
9	1					
10		1				
11		12				
12		21				
13		18				
14		④1				
15		14				
16		④1				
17		16				
18		④1				
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TOTAL IND.	2					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	18	████	████	████	████	████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↔	↔		
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS		████	████	████	████	████